

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/586125

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14			/	/		
15			/	/		
16			/	/		
17			/	/		
18			/	/		
19						
20			/	/		
21			/	/		
22			/	/		
23			/	/		
24			/	/		
25			/	/		
26			/	/		
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39			/	/		
40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45						
46			/	/		
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53			/	/		
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	1	←		←
TOTAL CLAIMS			1			